

Strategic Goal 1

Restore the capability of disabled veterans to the greatest extent possible, and improve the quality of their lives and that of their families

Objective 1.1

Maximize the physical, mental, and social functioning of disabled veterans including special populations of veterans by assessing their needs and coordinating the delivery of health care, benefits, and services

Objective 1.2

Improve the quality of life and economic status of service-disabled veterans, and recognize their contributions and sacrifices made in defense of the Nation



Objective 1.3

Enable service-disabled veterans to become employable, and obtain and maintain suitable employment

Objective 1.4

Ensure survivors of service-disabled veterans are able to maintain a minimum standard of living and income through compensation and education benefits

To restore the capability of disabled veterans...

VA will achieve this goal of restoring the capability of disabled veterans by maximizing the ability of disabled veterans, including special veteran populations, and their dependents and survivors to become full and productive members of society through a system of health care, compensation, vocational rehabilitation, life insurance, dependency and indemnity compensation, and dependents and survivors education. This system of benefits and services is aimed toward the broad outcome of restoring the individual capabilities of our Nation's disabled veterans.

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Purpose and Outcomes:

The purpose of this objective is to explore all possibilities for maximizing the functional status of disabled veterans. This includes VA's coordination of health care and other benefits in a manner that enhances the likelihood of restoration of an individual veteran to wholeness. For example, a veteran who suffers from a spinal cord injury should expect that VA will focus on his or her individual needs in the near-term, and on the coordination of all benefits, including research related to spinal cord injuries and other rehabilitation benefits, that will have the highest likelihood of restoring the capabilities of that particular veteran over time.

Strategies and Processes:

Providing for the specialized health needs of veterans is an integral component of VA health care. Due to the prevalence of certain chronic and disabling conditions among veterans, VA has developed strong expertise in certain specialized services. VA programs and services for spinal cord injury and disorders, blindness, traumatic brain injury, amputation, serious mental illness, post-traumatic stress disorder, and other disabling conditions are not uniformly available in the private sector. VA is committed to meeting the needs of these veterans who have come to rely on us for specialized services.

Enhance, Preserve, and Restore Patient Function. VA treats an increasingly aged population, and

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functional status tends to decrease as a person ages and as their disability worsens. VA needs to take this aging process into account as it implements this objective. Minimizing the decrease in functioning, or attaining the highest level possible, as opposed to removing the pathological condition, is an important domain of medical treatment. VA's

strategy is to focus on improving functioning and enhancing rehabilitation of veterans with special needs such as Blind Rehabilitation, Post-Traumatic Stress Disorder, Spinal Cord Injury, Seriously Mentally Ill, Traumatic Brain Injury, and Amputation, as required by Public Law 104-262, the Veterans Health Care Eligibility Reform Act of 1996.

VA is collecting data to establish a baseline. Further data collection in subsequent years will rely on several widely accepted quantitative measures to assess improvement in physical, mental and social functioning of special populations of veterans as part of the *restoration of capabilities* goal. To achieve this objective, VA will apply several enabling information technologies including the following systems:

- the **Computerized Patient Record System (CPRS)**, will organize and present all relevant patient data in a way that directly supports clinical decision-making. It is VA's version of the electronic patient record; and
- the **Veterans Health Information Systems and Technology Architecture (VISTA)** – which is VA's main health care information

system. It encompasses the Decentralized Hospital Computer Program (DHCP), as well as the complete information environment at VA medical facilities.

Provide Easy Access to Medical Knowledge, Expertise, and Care.

VA has a vast number of sharing agreements with the DoD that will continue to be used to both increase access to, and quality of, medical care for veterans. Many of these collaborative partnerships result in increased levels of care

for many of VA's most important subgroups of patients, including veterans with spinal cord injury, acute traumatic brain injury, Gulf War illnesses, and those in need of prosthetic services.

External Factors:

- Improvements in the overall health of special populations will be affected, in part, by constituencies who influence these programs as well as by other government agencies and private interest groups.

Performance Measures

Objective 1.1 Outcome Measures		FY 2006 Performance Targets
Blind Rehabilitation ó	Percent of change in functional status from admission to discharge from a blind rehabilitation program	TBD (by 11/30/00)
Traumatic Brain Injury ó	Percent of functional gain from admission to discharge from a traumatic brain injury (TBI) rehabilitation unit	TBD (by 11/30/00)
Preservation of Amputation Care and Treatment ó	Percent of functional gain from admission to discharge from a medical rehabilitation unit	TBD (by 11/30/00)
Addiction and Severity Index (ASI) ó	Percent of patients in specialized substance abuse settings who have an initial ASI score and a six month follow-up ASI	TBD (by 11/30/00)
Spinal Cord Injury ó	Percent of discharges from Spinal Cord Injury center bed sections to non-institutional settings	95%
Service Delivery Measures		FY 2006 Performance Targets
Post-Traumatic Stress Disorder (PTSD) ó	Percent of randomly selected discharges from Special Inpatient PTSD programs who are enrolled in the Outcomes Monitoring Program	58%
Seriously Mentally Ill ó	Percent of seriously mentally ill patients who are enrolled in the Mental Health Intensive Case Management Program	TBD (by 9/30/01)

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Purposes, Outcomes and Projections:

The Nation has a long and extensive history of providing benefits to war veterans, of “caring for him who shall have borne the battle.” The compensation program provides monthly payments to veterans who are disabled as result of their military service. The proposed outcomes for this program are:

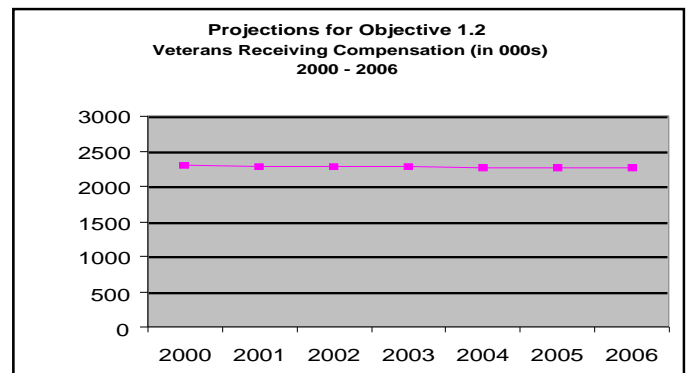
*Objective 1.2
Improve the quality of life and economic status of service-disabled veterans, and recognize their contributions and sacrifices made in defense of the Nation*

- Recognize the impact of disability on a veterans’ quality of life and support pursuit of maximum individual potential;
- Improve the security of disabled veterans by making payments that offset the average loss of earning capacity resulting from service-connected disability or disease;
- Ensure servicemembers and veterans understand and have easy access to all benefits for which they are eligible based on service-connected disability or disease; and
- Ensure servicemembers and veterans are confident that VA will properly compensate them for service-related disabilities.

In addition, as part of the restoration goal and to improve the quality of life for severely disabled veterans, VA provides grants through the Specially Adaptive Housing Program. Veterans may obtain and use these grants to buy, build or modify homes specifically adapted for their use, including distinctive housing needs such as wide doorways, ramps, and other special needs.

The number of veterans in receipt of compensation is expected to decline slightly as

World War II, Korean Conflict, and Vietnam Era veterans age and die. Although the accession rate for Gulf War veterans is greater than prior periods, the overall population of veterans is smaller than in previous periods, resulting in a declining number of participants. At the end of FY 1999, over 2,294,000 veterans were receiving benefits. The caseload will decline to 2,259,000 by FY 2006.



Most beneficiaries are compensated for disabilities rated at 30 percent or less, but most of the actual dollar value of the benefits are paid to veterans with more severe disabilities.

The average degree of disability has increased in the recent past, from 30.52 percent at the end of FY 1995 to 32.44 percent at the end of FY 1999. The reasons for this trend, which is expected to continue, are that disabilities worsen as veterans age, multi-issue claims are increasing, issues tend to be granted at higher levels of disability than in the past, and recent legislation has increased benefits.

Distribution of Compensation Benefits, FY 1999		
Degree of Disability	Number of Veterans	Amount of Benefit (\$millions)
30% or less	1,551,337	\$2,990
Greater than 30%	743,116	\$10,912

Strategies and Processes:

The following is a discussion of the most important issues facing the compensation program and VA's strategies and processes to address these issues and to achieve this objective.

Over the next ten years the veteran population will decline approximately 18 percent, from 24.4 million to 20.1 million. However, VA expects the compensation caseload to decline by less than one percent per year during that period. Reasons for this are: veterans of the all-volunteer force are older at time of discharge with longer periods of service, consequently incurring more disabilities; better outreach and access makes veterans more aware of benefits to which they are entitled; and enhanced due process results in more grants of benefits sought.

Claims processing has been affected by several factors that have increased the complexity of adjudicating claims. Today, veterans claim significantly more disability-related issues per application than in prior periods (3.2 issues for Gulf War veterans as compared to 1.8 issues for World War II veterans). Examining these cases has also become more complex.

During the next five years a significant portion of VA's workforce will be eligible to retire. We project that over 1,000 veterans service representatives will actually retire. These are our most experienced employees who make decisions on our most complex claims. Training replacements for these individuals takes up to three years. To avoid a 2-3 year

skill gap that will exacerbate service delivery challenges, VA has developed a comprehensive succession planning strategy to address the loss of experienced decision-makers. Through recruitment efforts and comprehensive training initiatives, VA will recruit, train and place the staff it needs to process claims and deliver improved service to veterans. Strategies include:

- Enhanced telephone service and information centers will provide easy access to information and services. Veterans will be able to access information and services by phone and via the Internet anytime, 24 hours a day/seven days a week.
- Veterans will be able to submit applications for benefits by using the Internet. Enhanced training of employees, the development of information technology tools, the reduced reliance on paper, and the simplification of rules and regulations will improve VA's interaction with veterans.
- Veterans applying for benefits will be assigned case managers who they can contact to obtain information and resolve questions about their claims. This effort will result in improved veteran satisfaction, improved cycle time for claims processing, and improved accuracy.
- Through the cooperation of regional offices and VA medical centers, and partnership with the Department of Defense, VA will conduct medical exams for compensation claims at military discharge sites. This will improve the eligibility process for compensation, health care, and vocational rehabilitation benefits.
- Some VA facilities will implement a cross training model on compensation and pension examinations between VA health examiners and rating board members. Thanks to *One VA* partnerships, states like Alaska, California, Florida, Illinois, Mississippi,

Vermont, and the District of Columbia have already adopted or are in the process of adopting this best practice by modifying the program to fit their unique needs. At some locations, a rating specialist is assigned to a medical center to address veterans' questions at the time of their exam or a nurse practitioner is assigned to and trained at a regional office on rating procedures.

- VA will contract for an independent evaluation of the compensation program to determine whether the intended outcomes of the program are being met.
- VA's succession planning efforts will match skills and competencies to recruit and retain a highly qualified, diverse workforce. VA will align skills and competencies to achieve specific organizational outcomes. Training programs will be developed to consistently deliver required training that meets the changing needs of employees and the organization.

- Stakeholder involvement is critical in the determination and development of outcomes for all VA benefit programs. To date, VA has developed interim outcomes for the compensation program and will finalize these program outcomes and develop performance measures and targets through program evaluations, program reviews, and further consultations with our stakeholders.

External Factors:

- Workforce - Competition with the private sector in periods of low unemployment may impact VA's recruitment activities.
- Partnerships - Our ability to effectively partner with DoD and others will affect achievement of program outcomes and service delivery.

Performance Measures

Objective 1.2 Outcome Measures		FY 2006 Performance Targets
Compensation ó	Percent of compensation recipients who perceive that VA compensation recognizes the contribution and sacrifices made by veterans during military service	TBD (by 07/31/01)
	Percent of compensation recipients who perceive that VA compensation redresses the effect of service-connected disability in diminishing the quality of life	TBD (by 07/31/01)
	Percent of veterans in receipt of compensation whose total income exceeds that of like-circumstanced non-veterans	TBD (by 07/31/01)
Service Delivery Measures		FY 2006 Performance Targets
Speed ó	Average number of days to process rating-related actions	74
	Appeals resolution time (average days/case) ¹	365
Accuracy ó	National accuracy rate (core rating work)	96%
Customer Satisfaction ó	Overall satisfaction	90%
Decision Rate ó	Deficiency-free decision rate for appeal claims	95%
C&P ó	Percent of blocked calls	4%
	Percent of abandoned calls	4%

¹ Appeals resolution average (days/case) is a joint performance measure with VBA and the Board of Veterans Appeals Measures (BVA).

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Purposes, Outcomes and Projections:

The Vocational Rehabilitation and Employment (VR&E) program provides services and assistance necessary to enable veterans with service-connected disabilities and employment handicaps to become employable. The program also provides independent living services for severely disabled veterans who do not have employment potential.

The purposes and outcomes of the VR&E program are to:

- Enable service-connected disabled veterans to become employable and to obtain and maintain suitable employment;
- Enable service-connected disabled veterans to achieve a level of independence in daily living; and
- Meet the rehabilitation needs of service-connected disabled veterans.

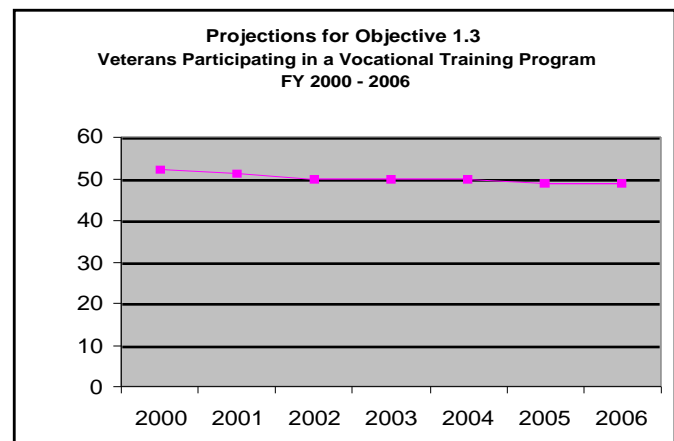
The number of veterans receiving training and services will decline slightly during the planning period because the source population for VR&E participants, the compensation program, will decline. VA expects the number of participants to decline from 51,900 during fiscal year 1999 to 49,000 in 2006.

Strategies and Processes:

The following is a discussion of issues facing the VR&E program and VA's strategies and processes to address these issues and achieve this objective.

*Objective 1.3
Enable
service-disabled
veterans to become
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The primary source population for vocational rehabilitation is recently discharged veterans who are adjudicated to have a service-connected disability. Over the next ten years, VA projects the number of separations from active military service to remain relatively constant at approximately 183,000 per year. Nearly 75 percent of current program participants are Gulf War era veterans, 24.8 percent are from the Vietnam and post-Vietnam eras, and the small remainder are from the pre-Vietnam era.



Sustainable employment is the desired outcome of the vocational rehabilitation process. During 1999, over 19,400 veterans ended their participation in a rehabilitation program. Of these 53 percent successfully completed the rehabilitation program (51.4 percent ended with employment and 1.6 percent ended with independent living). VA's performance target for successful rehabilitation is 70 percent by FY 2006.

Veterans' access to VR&E information and benefits is also critical to the success of the program. By its very nature, the VR&E program requires a close relationship between VA personnel and veterans, almost always involving face-to-face contact. This relationship hinges on veterans having easy access to VA personnel. However, veterans sometimes must travel great distances to see their case managers.

The strategies used in this program are designed to improve access for veterans through use of technology and partnerships that result in an improved quality of life for veterans. VA will implement the following strategies to assist service-disabled veterans to become employable, achieve maximum independence in daily living, and receive world class-service delivery:

- VA will provide veterans with easy access to information and the opportunity to obtain benefits and services at a convenient time and place.
- VA will simplify the administrative rules and regulations governing the application and eligibility determination process.
- VA will maximize direct contact with the veteran through the case management

approach and through the use of information technology and improved workforce skills. This effort will result in improved veteran-customer satisfaction, improved cycle time for claims processing, and improved accuracy.

- VA will build or enhance partnerships with the Department of Labor and other organizations to improve the coordination of employment services. VA will enhance outreach to disabled veterans through alliances with other federal agencies.
- Stakeholder involvement is critical in the determination and development of outcomes for all VA benefit programs. To date, VA has developed interim outcomes for the VR&E program and will finalize these program outcomes and develop performance measures and targets through program evaluations, program reviews, and further consultations with our stakeholders.

External Factors:

Economic Conditions – Program participation and successful attainment of rehabilitation goals are closely related to the national economy and the employment market.

Performance Measures

Objective 1.3 Outcome Measures		FY 2006 Performance Targets
Employment 6	Percent of veterans exiting the program who obtain and maintain suitable employment	70%
Independent Living 6	Percent of service-connected disabled veterans obtaining a maximum level of independence in daily living	TBD (by 07/31/01)
Service Delivery Measures		FY 2006 Performance Targets
Customer Satisfaction 6	Percent satisfaction with VA service	92%
Speed 6	Number of days to notification of entitlement determination	60
Accuracy 6	Accuracy of entitlement determinations	96%

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Purposes, Outcomes and Projections:

The Nation has a long and extensive history of providing benefits to families of war veterans; of caring for him who shall have borne the battle and for his widow and for his orphan. The purpose of the Dependency and Indemnity Compensation (DIC) program is to provide monthly payments¹ to veteran's survivors. Through this program, the nation is recognizing the veteran's sacrifice made in defense of the nation and redressing the loss the family suffered. The program outcomes for the DIC program are to:

- Recognize and compensate the surviving spouse and dependent children of veterans whose deaths are determined to be service-connected;
- Ensure a minimum standard of living and an acceptable level of income for surviving spouses and dependent children in receipt of DIC; and

*Objective 1.4
Ensure survivors of service-disabled veterans are able to maintain a minimum standard of living and income through compensation and education benefits*

- Provide a level of income that brings surviving parents up to a standard of living that ensures a basic dignity in their lives.

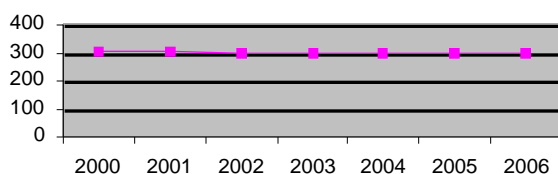
The number of survivors in receipt of DIC is expected to decline slightly as the source population (service-connected disabled veterans) ages and dies. At the end of FY 1999, approximately 312,000 survivors were receiving DIC benefits. The caseload will decline to approximately 295,000 in FY 2006.

Strategies and Processes:

VA will implement the following strategies to ensure survivors of service-disabled veterans are able to maintain a minimum standard of living and receive world-class service:

- The DIC Program is a component of the VA's Compensation and Pension Program. Therefore, the same improvement strategies and processes addressed in Objective 1.2 apply to the DIC Program. Please refer to Objective 1.2 for further details.
- Stakeholder involvement is critical in the determination and development of outcomes for all VA benefit programs. To date, VA has developed interim outcomes for the DIC program and will finalize these program outcomes and associated performance measures and targets through program evaluations, program reviews, and further consultation with our stakeholders.

**Projections for Objective 1.4
DIC - Number of Cases**



Performance Measures

Objective 1.4 Outcome Measures		FY 2006 Performance Targets
Standard of Living 6	Ensure a minimum standard of living and an acceptable level of income for surviving spouses in receipt of DIC	TBD (by 03/31/02)
Level of Income 6	Provide a level of income that brings surviving parents up to a standard of living that insures basic dignity in their lives	TBD (by 03/31/02)
Compensation 6	Recognize and compensate the surviving spouse of veterans whose deaths are determined to be service-connected	TBD (by 03/31/02)
Service Delivery Measures		FY 2006 Performance Targets
	Service delivery performance measures (speed, accuracy and customer satisfaction) are measured for the entire Compensation, DIC and Pension Programs. These measures are aggregate measures and not separated by individual program. Therefore, the measures for the service delivery targets for the DIC Program (Objective 1.4) are identical to the measures for the Compensation Program (Objective 1.2)	
Speed 6	Average number of days to process rating-related actions	74
Accuracy 6	National accuracy rate (core rating work)	96%
Customer Satisfaction 6	Overall Satisfaction	90%
C&P 6	Percent of blocked calls	4%
	Percent of abandoned calls	4%

¹ The monthly rate of benefits and degree of disability for monthly DIC benefits are specified by statute.